

**ICC MEETING MINUTES**

**JUNE 4 and 5, 2009**

**DOUBLEWOOD INN, BISMARCK**

**PRESENT**

**NDICC Members:**

Holly Major

Bob Rutten

Jill Staudinger

Tammy Gallup-Millner

Linda Jagielo

Scot Hoeper

Shawnda Ereth

Laura Larson

Arlene de la Paz

Senator Dick Dever

**Part C Staff:**

Deb Balsdon

Roxane Romanick

Colette Perkins

**Guests:**

Missi Baranko

Tashina Baranko

Kathy Barchenger

**TOPIC: WELCOME/INTRODUCTIONS**

**ACTION:**

- Introductions were made.

**TOPIC: MINUTES REVIEW FROM MARCH 5, 2009**

**ACTION:**

- A motion was made by Tammy Gallup-Millner and seconded by Linda Jagielo to approve the minutes as corrected. Corrections noted and made: 3<sup>rd</sup> page – 2<sup>nd</sup> bullet – 2<sup>nd</sup> sentence should say “now” . Bottom of page – DCI should be BCI to run the background checks and next page 2161 not 2151. 2225 to “increased capacity or for a new program to start” .

**TOPIC: AGENDA**

**ACTION:**

- Today’s agenda – add: discussion regarding children with disabilities coverage and Medicaid access to the EI Services Subcommittee report.

**TOPIC: MEMBER UPDATES**

**ACTION:**

- Tammy Gallup-Millner reported that the genetics conference that she had asked for input on at the last NDICC meeting has been cancelled.
- Tammy Gallup-Millner reported on the Integrated Services grant which is being coordinated by NDCPD. This grant has essentially three components: expansion of medical home in ND, family involvement and transition of youth into adulthood. Presently there are 3 medical home projects being started in pediatric practices around the state. Family leaders are working as a part of these initiatives.
- Linda Jagielo and Roxane Romanick reported on the Health North Dakota Early Childhood Alliance Early Care and Education subcommittee. This subcommittee has prioritized the following issues: education and support to the North Dakota Early Learning Council, creating a supportive system around the issue of infant mental health, securing permanent funding for health care consultants.

- Roxane also reported on ND FamNet Project – This is a rural health network grant that is being coordinated by NDCPD and works to bring a number of North Dakota family support entities to collaborate on a number of issues. This group is presently working on developing a business plan which includes sustainability and legal status.

#### **TOPIC: MEMBERSHIP UPDATE**

##### **ACTION:**

- Roxane provided a report on membership: Tara Bitz and Wendy LaMontagne have not been formally approved by the governor's office. One provider position remains unfilled – 2 names of Regional DD Program Administrators - Wanda Carlson of Fargo and Carol Brakel of Grand Forks were originally submitted in March of 2008.
- Dr. Twogood still shows up on the list from Governor's Office, last communication in January and there has been no reply from him. We have not submitted names for replacement as the state office is trying to get the commitment of one additional physician who is associated with BC/BS.
- There are 8 positions are up for reappointment. Let Roxane know if you would like to be reappointed.

#### **TOPIC: REPORT ON OSEP CONFERENCE**

##### **ACTION:**

- Holly, Jill, Laura, Roxane, and Missi attended national OSEP conference.
- Missi and Tashina presented on experience with presenting their family story at the New Part C Coordinator's orientation session during the pre-conference.
- Some highlights of the conference included:
  - A session by Larry Edelman on the use of technology in supporting service delivery. Families shared the use of a "wiki" in setting up communication between their child's IFSP or IEP teams. Deb reported that the state office is working with Larry Edelman to expand on this training to set up wikis as well as involving him with the orientation piece with early intervention. There is also a discussion about securing him as a subcontractor to put together modules and materials. Executive office staff from DHS was involved in his latest training in ND and there is discussion about developing a position in DHS.
  - Missi, Holly and Roxane shared their enthusiasm for the work by Dan Habib, who was a keynote speaker at the OSEP conference.

Dan is a photojournalist and the father of Samuel. He created a documentary about the issues surrounding “inclusion” of individuals with special needs called “Including Samuel”.

- Roxane pointed out that this is one of the first times that they have had the professional associations at the conference and present together since she’s been going. Issues related to recruitment and professional competence were addressed during the concurrent session that she attended.
- Next conference is Dec 7 & 9, Devils Lake and Williston regions will be asked to send participants.

## **TOPIC: COMMITTEE REPORTS**

- **EXECUTIVE COMMITTEE**

- Has not met since our last meeting.

- **EI SERVICES SUBCOMMITTEE**

- This subcommittee on Wed night, June 3.
- The subcommittee focused on inventory and prioritizing work (*See attached document*) Below are the areas that they are recommending for prioritization:
  - Hearing screening implementation.
  - State working with Infant Development providers for a rate setting methodology.
  - Web-based data system.
- Subcommittee work- Three areas were highlighted for subcommittee work: revisiting regional ICC function and revising state guidance, revisiting the transition guidelines with a regional training component, and discussing the regional needs around the emergence of additional early head start projects across the state. Not sure how to enter into memorandums of local understanding, and issues around child find and right track.
  - Bob Rutten stated that the IDEA Committee also recommended reviewing the transition guidelines.

- **EI COMPETENCIES**

- Roxane reported that the EI competency work group continues to meet. The finalized products include: Set of core and specific skill competencies; state consultation policy, definition of practice standards around Early Childhood Special Education. The group has started to dig into competency measurement.
- Deb reported that the Technical Assistance staff is also working on a statewide, standardized orientation package. Deb noted that there is a great deal of connection between orientation and competency development however they shouldn't be confused as one in the same. The work that both groups are doing should be considered as methods of strengthening the Part C system.

- **NLO WORK GROUP**

- This group has not met since we last met. The work group will be used for reviewing materials.
- Work on Early Intervention definition and description is also coming out of the work surrounding the Juliann Woods training.

**TOPIC: MEDICAID ACCESS**

**ACTION:**

- This agenda item was an addition to the original agenda. Roxane Romanick noted that there are needs to clarify the different routes to accessing Medicaid for families that have hospitalized infants. Due to waiver changes, we are not able to start a child that is hospitalized at the time of intake, until they are discharged from the hospital. In addition, we continue to have confusion about how to help families navigate through the application for Children with Disabilities coverage.
- In regards to the support for hospitalized children, training has been scheduled for DD Program Managers and Experienced Parents as these two services can be started while a child is hospitalized. It is hoped that Experienced Parents will be able to provide additional support for families. We are looking at collaborating with March of Dimes on their NICU Family Support program which is now in operation at Innovis in Fargo. Deb and Roxane have met with Disability Determination Services (determine medical eligibility for SSI).
- The council held a discussion about the Children with Disabilities coverage. This program allows a family to buy-in to Medicaid for their child/children with disabilities. The income guidelines are higher (200% of the poverty level). Families apply at their county social services office and the determination is made there. There continues to be confusion about whether or not families need to be

determined not eligible for SSI and who does the medical eligibility determination, but the last directive is that the county offices can do this and families do not need to go to SSA. Families can apply for the Children with Disabilities coverage while in the NICU and/or hospitalized. This is one reason that it is helpful for DD Program Managers to be involved with families while their child is still hospitalized even if they can't be screened for the waiver.

- Deb and Roxane met with Sue Bickel in Disability Determination Services. This program makes the medical determinations for the Social Security Administration programs, including SSI. There have been efforts on the part of the Social Security Administration to make sure that families with children in the NICU's are familiar with the SSI program. Children who meet certain medical criteria are eligible for SSI without looking at a family's income and assets. Children in the hospital and under 2 lbs qualify for a quick determination. At this point it is not clear how Medicaid eligibility is determined for children who are hospitalized and SSI eligible. It may be that some families may incur a recipient liability.
- Tammy Gallup-Millner presented information regarding health benefits counseling. Staff from the ND Children Special Health Care Services office recently attended training through the Catalyst Center. She noted that most entities do a good job on general information and referral. The training also pointed out two additional levels of intervention: 1). Advice and navigation; 2). Advocacy and Legal assistance. It's these 2 levels of support that aren't available for families. Tammy noted that she is interested in seeing the state work towards developing more enhanced capacity to engage in benefits counseling for families of children with special health care needs this better. Some states actually have developed a system of health benefits counselors.
- The question was asked about ways that we can insure that access to health care can be less painful for families. Laura Larson pointed out that the insurance department provides many of these benefits to senior services. There is a dedicated senior health insurance program which provides information and education to seniors on their health benefits needs. Presently there is no program like this for children with special health care needs in our state. This program at the Insurance Commission is supported by federal funding.
- Deb reported information to the council on Medicaid Continuous eligibility. This had been brought up as a concern at the last NDICC meeting. During the 60th legislative session, it was decided to only conduct redetermination of eligibility for children once a year. As it turn out, this is not true for all categories of eligibility. One concern that has developed with the waiver changes is that since DD Program Management is no longer a waiver service then children in Early Intervention must be descreened the day before they turn 3. For those children that who are found

eligible and will be continuing on DD Program Management services there is no problem with continued Medicaid eligibility. Children that are not continuing on DD Program Management are subject to the Medicaid continuous eligibility rules and this will determine how long their Medicaid will continue post-Early Intervention services. We have found that the only children who are not eligible for continuous eligibility those at are determined eligible because they are medically needy eligible.

- It was noted that it is important for DD Program managers to know the Medicaid timelines for families and that DD Program managers are talking to the county eligibility workers to help families navigate the Medicaid system. It was noted that there continues to be training needs for DD Program Managers on Children with Disabilities Coverage as well as families' access to redetermination.
- *Recommendation to the lead agency that there be a directive to regional ICC's to be collaborating with their county eligibility staff and their regional partners regarding the issues around Medicaid eligibility.*
- *Recommendation to update the MA Frequently Asked Questions brochure.*
- *Recommendation that there needs to be more definition coming from the state office on what the roles are for DD Program Managers around assisting families with their Medicaid status and health benefits counseling.*

## **TOPIC: REVIEW OF EARLY INTERVENTION TRAINING**

- **HEARING SCREENING**
  - Refresher hearing screening training will be conducted at the Crossroads Conference. In addition, there will be an opportunity for staff to bring their equipment in for repair and recalibration. Training was just conducted for Right Track and Tribal Tracking staff.
  - Tammy Gallup-Millner noted that there was approximately \$50,000 in funding dedicated to EHDI. Would like to see funding to collaborate to get information for families such as video for new moms/dads talking about the benefits of hearing screening and how easy it is to get the screening done.
- **ROUTINE BASED INTERVIEWING**
  - Deb reported that we have had two people trained in the state through Robin McWilliam's RBI certification program. Another staff will be attending next month.

- A series of three state trainings have been completed by these trained individuals through the polycom system. Staff members in Infant Development and DD Program Management must now submit a video of themselves conducting a RBI along with the corresponding IFSP. These will be reviewed by the trained staff. Staff not meeting the standards will have additional technical assistance available to them.
- **TECHNOLOGY SUPPORTS**
  - Larry Edelman was here and conducted training with Dept. of Human Service staff and then conducted a two-day training with early intervention staff. Larry presented information on how to support performance of programs, service delivery teams, and individual children and families through the use of technology. There are plans to continue to bring Larry back in to work on specific training projects. One of his training strategies had to do with the use of wikis for sharing child information between team members (including parents). There was a great deal of interest in furthering this technique through training for staff and parents.
- **FAMILY GUIDED, ROUTINE BASED INTERVENTION**
  - Juliann Woods, who is a principal investigator with the TACTICS project at the University of Florida presented a one day general session, and a 2-day intensive training for teams of two from the Infant Development programs. These teams will be working together over the next several months to evaluate their work with families and their implementation of FG-RB intervention skills. Part of their involvement in the project is to submit video recordings of their work every 4-6 weeks to the TACTICS project.
  - These team will be in involved in follow up training with Juliann in September and wrap up next May. The state office is working on having Juliann continue the training into 2010-2011.
- Monthly Polycom Training (Third Tuesday of each month):
  - Kim Olson, physical therapist, will be conducting training on handling and supporting premature infants.
- NICU/Hospitalized infants training – Due to the changes in the waiver, training is being developed to assist DD Program Managers with the intake and initiation of services for this population of children and their families. The training will be held August 17 at the Radisson in Bismarck, from 10 to 4 (CST). This training will also include the state Experienced Parent Specialists. 4 people are taking CEED training on premature infants and their families.



- Other statewide training:
  - Seeing is Believing Training through CEED, training on using video tapes with families.
  - Pivotal response training – develop skills and support across different environments. Have online certification and going to get individuals certified.

**TOPIC: REVIEW OF THE GOVERNOR’S SUMMARY**

**ACTION:**

- Roxane is gathering other annual reports.
- She also has the list of suggestions from the last meeting and putting together something for review at the September meeting.

**TOPIC: DISCUSSION ABOUT PART C AMERICAN RECOVERY &**

**REINVESTMENT FUNDING/2009 PART C APPLICATION PUBLIC**

**COMMENT**

**ACTION:**

- The public comment is for the 2009 Part C funds which will be available to obligate starting July 1, 2009, through September 30, 2011. The application format is the same. A verbal comment time is scheduled for Monday, June 8<sup>th</sup> from 10:00 – 12:00. Written comment can be submitted until July 17<sup>th</sup>.
- Deb reviewed certain sections of the application with the NDICC:
  - A question was asked about what was needed in the assurance relating to “Transition” (#5). Presently, this is an assurance that we say policy/procedure will be issued by 6-30-10. Presently, our policies need some refining/review and may need to see if the “not more than 9 months” is currently in our policy guidelines.
  - Just a reminder in #6 that we do not serve at-risk children.

- #7 – our policies and procedures for payment of services has been provided to OSEP.
- #8 – selected N/A – continuing Part C services for 3 to 5. There is money for states to start implementing this but at this time ND is not planning to write for this additional stimulus money.
- #15 – The EI Services Subcommittee discussed the fact that there will be additional applications for early head start programs being submitted. Presently we do not have federal regulations that say we need to develop MOU's with Head start program, but it was suggested at the subcommittee meeting that we provide guidance to regions on this issue.
- Assurance #2 – Deb noted that we do not have homeless children in our Childfind policy at this point. We need to make sure information is being given to the homeless coordinators. Deb noted that a contract has been issued with Linda Heinrich to collect and develop an Early Intervention Policy manual.
- Assurance #10 – Roxane reported that competency group recommended not using paraprofessionals in the EI service delivery system.
- Assurance #16 – This is not a “yes” because we have not had all appointments made to the Council.
- Assurance #24 – The state is waiting for the the regulations surrounding the ARRA funds.
- There was a discussion by council members on the need for training on the Part C statute and regulations relating to situations where children are not residing with their biological parents and there are other legal arrangements for care and custody. This impacts transition issues, in that, we need to consider the sending school district, as well as the child's district of resident. Discussion about whether or not Part C requires the use of surrogate parents and in what situations. A suggestion was made that we use the court system to assign special conservatorships for educational purposes. *Recommendation that this be a training at the Crossroads Conference.*
- Deb reviewed the budget section of the application:
  - Budget increase in sec 3 1.a. – Provides additional time with DHS decision supports (data analysis) staff.
  - Pointed out Early Intervention direct service components: family subsidy, experienced parents, DD Program Manager prior to eligibility, infant

development provides from eligibility to first partial month and up to 90 days, in situations where the child can not apply for Medicaid (i.e. receiving Medicaid in another state, or foreign adoption).

- Deb reported that the states are still waiting for clarification for using the second half of the American Recovery & Reinvestment Act (ARRA) funds, which we already received the first half of the funds. The state office is looking at 4 areas of funding in relation to the ARRA funds:
  - Data System – ASSIST application to be web based;
  - Personnel Development – orientation packet development and ongoing in autism, social emotional, prematurity;
  - Equipment – for staff and lending libraries;
  - Initial Coordination Activities – short term staff to help with development of ASSIT web based development, and use for data entry-short term staff.
- Bob Rutten distributed a handout of recommendations for usage of the Part B ARRA funds.
- *Additional suggestions from the Council included: funding for increased contracted staff to compensate for state-wide training requirement; increasing funding in Right Track, web- based data application, EHDI*

#### **TOPIC: REPORT ON STATE MONITORING ACTIVITIES**

##### **ACTION:**

- Deb reported that a random sample of case review pulls was sent to the regions in the first part of April. The regional/local programs reviewed two-thirds of the cases, the technical assistance project reviewed two-thirds of the cases, with an overlap of one-third being reviewed by both. A compilation of these reviews will be sent back to each program with a complete report for the overall review. This compilation will indicate the child specific findings that were made and the system findings that were generated. The new format will include a narrative on strength and challenges based on past and current findings as well as a place for the regions/programs to respond on their corrective action. In addition, there will be a place for the state response on whether or not the finding is closed.
- This activity only provides information from the case reviews. The state is able to pull compliance data for other data sources as well.

- Deb reported that case reviews in each region will be sampled once per year with 4 programs being reviewed the first 6 months and the next 5 programs being reviewed the following 6 months.
- Deb reported that the case review compilations will be out to the regions by out by Monday.
- Regional determinations come at the end when they correct the findings and is also based on the APR and this will be shared at the next meeting. In addition, a sample of the case review forms will provided at the September meeting.
- *A request was made to have the regional reports at the next meeting in order to have qualitative information to put with the quantitative data.*

#### **TOPIC: WAIVER RENEWAL STATUS**

##### **ACTION:**

- Deb reported that the state office is no longer managing the MR-DD waiver by regional allocations instead they are managing by the number of slots of available. This allows families to access the services that support their needs. This may mean however that there could be a waiting list for services. This would include Infant Development; however the state office has made provisions for prioritizing slots for ID.
- Presently state office staff is tracking slots. A DD Program Manager must request a slot and have it approved prior to screening someone into the waiver.
- This will mean that Developmental Disabilities will have an official waiting lists but will not have individuals with unmet needs.
- Deb explained that if you continue in the waiver from one year to the next, you will have a slot. If you leave and don't come back until the next year, you will need to reapply for a slot.
- In most situations, if someone uses a waiver slot for one day, that slot is committed to them for the year and can't go back into the available pool. There are some situations, where the slot can be returned and made available for someone else: in event of a death and when someone no longer meets the level of care. They are asking for clarification on whether or not ID children who don't continue in DD Program Management would qualify for this latter exception.
- This first year we will have 4,000 slots.
- 150 of the 4,000 slots are reserved for:

- 135 for children birth to 2,
- 10 for emergency situations, and
- 5 for Extended Services.
- 100 slots will be added each year of the Waiver year plus the roll over slots.
- Self Directed Supports Waiver slots are 135.
- If a person moves from one waiver to another waiver, they will use a new slot.
- You can't request a slot more than 60 days prior to receiving a waiver service.
- New Services added:
  - Equipment and supplies in the traditional waiver as a self directed support – fiscal agent pays the vendor for the services.
  - Family Subsidy could have \$5200 a year – now have a cap of \$20,000 for the duration of the waiver for equipment and supplies.
  - Transportation is also self directed. A grid of what will be covered by the waiver and what will be covered by Medicaid/county has been developed.
  - Transportation is limited to 5200 per state fiscal year.
  - Added behavioral consultation to the Waiver, environmental supports modification, equipment supplies available to anyone regardless of age, dealing with living arrangement. Can provide environmental support and modification for someone living in own home or apt.
  - Extended home health care was added to the waiver.
  - Parenting support for parents who are DD eligible for Developmental Disabilities and meet the level of care. Can not be receiving ISLA at the same time. Limited to 4 hours of individual work a week plus group activity.
  - Cannot start waiver services when hospitalized. Can not pay for in-home supports when a child is hospitalized.
  - The state is presently working with the ID providers to address rate setting and reimbursement methodology for infant development by 1/1/2010.
  - Checklist, risk assessment and quality enhancement review format need to be completed by October for the DD Program Managers to start to use.

- *Recommendation to have regular update on waiver slots and waiting lists for the NDICC meeting.*

#### **TOPIC: ELECTIONS**

##### **ACTION:**

- Presently there is not quorum present to elect the Chair and Vice-Chair position. Roxane will re-send the membership survey monkey out.

#### **TOPIC: SEPTEMBER MEETING AGENDA ITEMS**

##### **ACTION:**

- Please send topic ideas for the Crossroads Conference to Deb within the next 2 weeks. *The first planning meeting is set for July 1<sup>st</sup>, so please consider submission of ideas*
- The next date for the NDICC Meeting date is Thursday, Sept 10.
- Early intervention services subcommittee is meeting  
on the evening of Sept 9th.
- Please submit any additional recommendations for using the American Recovery and Reinvestment Act funds to Deb.